

Termination

Domestic Partnership Registration City of Seattle

I/we request that the Domestic Partnership Registration of:

_____ and _____
(Registrant #1) (Registrant #2)

dated, _____, be terminated. **Signature of at least one registrant is required.**

Print Name
Address:

Print Name
Address:

Signature

Signature

To be completed by Notary:

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20_____

Name

Signature

MY COMMISSION EXPIRES: _____

To be completed by Notary:

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20_____

Name

Signature

MY COMMISSION EXPIRES: _____

MAIL THIS COMPLETED FORM TO:

***Office of the City Clerk
DPR Program
600 Fourth Avenue, Floor 3
PO Box 94728
Seattle, WA 98124-4728***